



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT CARMEL HOSPITAL

City of Hospital: Carmel

Year Begin: 07/01/2018 (mm/dd/yyyy format)

Year End: 06/30/2019 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 15-0157

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

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|--|--------------------|
| Inpatient Patient Service Revenue | \$261517373 |
| Outpatient Patient Service Revenue | \$290418074 |
| Total Gross Patient Service Revenue | \$551935447 |

2. Deductions From Revenue

| | |
|-------------------------|--------------------|
| Contractual Allowance | \$347996204 |
| Other Deductions | \$7673806 |
| Total Deductions | \$355670010 |

3. Total Operating Revenue

| | |
|--------------------------------|--------------------|
| Net Patient Service Revenue | \$192340500 |
| Other Operating Revenue | \$3827863 |
| Total Operating Revenue | \$196168363 |

4. Operating Expenses

| | | | |
|---------------------------------|--------------------|-------------------|------------|
| Salaries and Wages | \$31469727 | Employee Benefits | \$8163568 |
| Depreciation and Amortization | \$6151882 | Interest Expense | \$0 |
| Bad Debt | \$3924937 | Other Expenses | \$72932437 |
| Total Operating Expenses | \$122642551 | | |

5. Net Revenue and Expenses

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|------------------------------|------------|-------------------|-------------|
| Excess Revenue over Expenses | \$77450749 | Total Assets | \$116507851 |
| | | Total Liabilities | \$44579992 |

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|-----------------------------------|------------|
| Net Non-operating Gains over Loss | \$-1620 |
| Total Net Gains | \$77449129 |

Statement Two: Contractual Allowance

| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$174028950 | \$141769598 | \$32259352 |
| Medicaid | \$58249917 | \$47458226 | \$10791691 |
| Other Government | \$0 | \$0 | \$0 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$319656580 | \$166442186 | \$153214394 |
| Total | \$551935447 | \$355670010 | \$196265437 |

Statement Three: Donations Statement

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0 | \$0 | \$0 |

Statement Four: Research Statement

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$0 | \$0 | \$0 |

Statement Five: Education Statement

| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0 | \$38066 | \$-38066 |
| Hospital Patients | \$0 | \$291280 | \$-291280 |
| Community Education | \$0 | \$49558 | \$-49558 |

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|---|------|
| Number of Medical Professionals Trained | 21 |
| Number of Hospital Patients Educated | 0 |
| Number of Citizens Exposed to Health Education Messages | 4182 |

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| Statement Six: Charity Statement |
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|--------------------------|------------|
| Hospital Charity Charges | \$11263565 |
|--------------------------|------------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$2270976 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$2270976 | \$-2270976 |
| Medicaid Shortfalls | \$11163816 | \$19450516 | |
| Subtotal | \$11163816 | \$21721492 | \$-10557676 |
| DSH Payments | \$0 | | |
| Subtotal | \$11163816 | \$21721492 | \$-10557676 |
| Medicare Shortfalls | \$32136073 | \$35087966 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$43299889 | \$56809458 | \$-13509569 |

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| Statement Seven: Subsidized Health Services for the Community |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | \$0 | \$150576 | \$-150576 |
| Community Assessment | \$0 | \$366424 | \$-366424 |
| Provision of Taxes | \$0 | \$7706085 | \$-7706085 |
| Other Allocations | \$0 | \$0 | \$0 |

Comments

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